STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155167	A. BUILDING 00 B. WING	05/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE NORTH	11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236

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F0000	This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00107129. Complaint IN00107129 - Unsubstantiated due to lack of evidence. Survey dates: May 14, 15, 16, 17, 18, & 21, 2012 Facility number: 000084 Provider number: 155167 AIM number: 100284600 Survey team: Christi Davidson, RN-TC Diana Zgonc, RN Connie Landman, RN Lora Brettnacher, RN Census bed type: SNF: 38 SNF/NF: 61 Residential: 87 Total: 186 Census by payor source: Medicare: 25 Medicaid: 48 Other: 113 Total: 186	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Residential sample: 7 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on May 23, 2012 by Bev Faulkner, RN			

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F0176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. Based on record review, interview and observation, the facility failed to ensure residents who were self-administering their own medications were assessed to do so for 1 of 10 residents observed during medication pass (Resident # 193). Findings include: During observation of medication pass on 5/17/12 at 8:54 A.M., with LPN #1, Resident #193 had a current physician's order for Forteo 20 micrograms (mcg) subcutaneous (SQ) injection for osteoporosis. Resident #193 told the nurse she always gives the injection herself. LPN #1 handed the resident the medication and the resident injected herself. During an interview with LPN #1 at that time, she indicated she was PRN (as needed staff) and didn't know she (Resident # 193) was a self-medicating resident. During an interview with the Unit Coordinator on 5/18/12 at 10:30 A.M., she indicated she was not aware	F0176	Submission of this plan of correction shall not constitute or be construed as an admission by Westminster Village North that the allegations contained in this survey report are accurate or reflect accurately the provision of nursing care and service to the Residents at Westminster Village North. F 176 One must note that this Resident is alert and oriented, as evidenced by the fact that her BIM Score = 15. The Resident, has in fact, been self-injecting this medication when at home. It must also be noted that the nurse in question remained at the bedside while the Resident self-injected the medication. Thus, the Resident remained under the constant supervision of a licensed nurse. The resident suffered no nedgative outcomes subsequent to this observation. This Resident has been discharged to home. This is an isolated event. At this time there are no other Residents in the Health Center that self-administer medications. Thus, no other Residents have been affected by this practice. Upon discovery, A licensed nurse assessed the Resident's competency regarding her ability	06/04/2012

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	Resident # 193 was self-administering medications. During an interview with the resident on 5/18/12 at 10:35 A.M., she indicated she had always given herself the injection at home and while she was here in the facility for rehabilitation. The record for Resident #193 was reviewed on 5/17/12 at 1:30 p.m., and lacked documentation of an assessment, a care plan or physician's orders for the resident to self-administer medications. A current facility policy, dated 3/11, and titled "Medication Administration Procedures Self-Administration of Medications" and provided by the Director of Nursing on 5/21/12 at 2:25 P.M., included: "Policy: Residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility. An order to self-administer must be given by the physician. Procedures: 1. Upon request of a resident to self-administer medications, the interdisciplinary		to self-inject this medication. The attending physician was contacted and an order was secured for the Resident to self-administer the medication in question. The same was noted on the Resident's care plan. Please refer to Attachements #1, #2 and #3 regarding Resident #193. Subsequest to this citing, the policy and procedue regarding Resident Self-Administration of Medications has been reviewed and revised, as has the Self-Administration Assessment form itself. Please refer to Attachments #4 and #5. Inservice training has been made available to all licensed nurses and Q.M.A.'s regarding the same, as evidence by Attachement #6. Going forward, the policy for resident self-administration of medications will be addressed during the orientation process for all newly hired licensed nurses and Q.M.A.'s. Also, a copy of the revised policy will be placed in the binder housing the MAR's on each unit; thus, it can be readily accessed should the need to do so arise in the future. As a quality assurance measure, each unit coordinator will monitor the Residents on his/her unit and advise the Quality Assurance Nurse should any additional Residents express a desire to self-administer medications in the future. Additionally, in the future, the agenda of the facility's Quality Assurance Meetings will be	

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	team and physician will be consulted for evaluation. 2. Facility staff will administer the resident's medications until the interdisciplinary team completes an assessment and a physician's order is obtained. 3. The interdisciplinary team will assess the resident's ability to self-administer medications safely at least quarterly and as needed. A. The resident is instructed in the use of the package, purpose of the medication, reading of the label and scheduling of medication doses. B. The resident is then requested to read the label on each package and indicate at what time the medication should be taken and any other special instructions for use. C. The resident is asked to demonstrate the removal of the medication from the package and in the case of non-solid dosage forms such as an inhaler, to demonstrate the steps involved in administration ... E. The results of the interdisciplinary team assessment are recorded in the medical record." 3.1-11(a)		expanded to include a status report for any Resdients that have been deemed appropriate to self-administer medications. The Director of Nursing will monitor.	

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F0334 SS=B	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;			

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	(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. Based on record review and interview, the facility failed to ensure consents were received and education was provided for residents receiving the influenza vaccine for 3 of 10 residents reviewed for influenza vaccines (Resident # 13, # 109 and # 1). Findings include: The record lacked documentation of any consents or education for the influenza vaccines for the 2011 season for the following residents:	F0334	Regrettably, the facility was unaware that it was not acceptable to secure an initial consent for annual vaccines, ongoingly. Due to the fact that the facility's influenza vaccination program is, obviously, a seasonal event, there are no corrective actions that can take place for the Residents cited in this survey. None of the residents experienced any negative outcomes due to this paper compliance error. However, in preparation for the upcoming flu season, the facility has completed the following: the facility's policy and procedure has been modified to denote the need for a new	06/04/2012

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	1. The record for Resident # 13 was reviewed on 5/17/12 at 10:15 A.M. The record included consent for the influenza vaccine originally signed on 10/16/08 and influenza vaccine was given 10/6/11. 2. The record for Resident # 109 was reviewed on 5/17/12 at 10:15 A.M. The record included consent for the influenza vaccine originally signed on 9/8/10 and influenza vaccine given 10/6/11. 3. The record for Resident # 1 was reviewed on 5/17/12 at 10:15 A.M. The record included consent for the influenza vaccine originally signed on 10/6/10 and influenza vaccine given 10/4/11. During an interview with the Assistant Director of Nursing on 5/16/12 at 2:15 P.M., she indicated she was not sure if the medical record had documentation for the residents' consent or education prior to receiving the influenza vaccines last year (2011). During an interview on 5/16/12 at 3:25 P.M. with the Assistant Director of Nursing, she indicated no further documentation for consents or education of the residents for		informed consent/declination form each year, as evidenced by Attachement #1. The consent/declination form has also been revised in an effort to offer helpful information in an easy to understand format, as evidenced by Attachment #2. The Unit Coordinator will be responsible for the presentation of the new form to the Residents and/or Responsible Party each year. The Infection Control Nurse will monitor. Additionally, as the time to initiate this season's influenza immunization program draws near, the Infection Control Nurse will seek the approval of the Resident Council President to address the Council regarding the role of the influenza vaccine in flu prevention. Additionally, in the future, the agenda of the facility's Quality Assurance Meetings will be expanded to include a status report of the influenza vaccination program at the appropriate seasonal time.	

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	influenza vaccines could be found. 3.1-13(a)			

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R0240	410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences. Based on observation, record review, and interview, the facility failed to ensure medications were not left in a resident's room to be taken later without supervision for 1 of 5 residents observed during 2 medication administration times (Resident #101, QMA #2). Findings include: The record for Resident #101 was reviewed on 5/21/12 at 1:05 P.M. Current diagnoses included, but were not limited to, hyperparathyroidism, osteoporosis, CHF (congestive heart failure), restless leg syndrome, and COPD (chronic obstructive pulmonary disease) exacerbation. During the medication pass observation on 5/21/12 at 9:00 A.M., QMA #2 was observed preparing Resident #101's medications. After the medications were prepared, QMA #2 went to the resident's door and knocked. QMA #2 then indicated the resident was usually in the shower at that time. QMA #2 unlocked and	R0240	Please note that this was an isolated incident. One must note that upon discovering that this incident occurred, the Unit Manager immediately went to the resident's apartment to ensure that the resident was able to take the medications without incident. The Quality Assurance Nurse Manager immediately disciplined and reinserviced the Q.M.A who left the medication in the resident's apartment, as evidenced by Attachment #1. One must note that the facility had provided inservice education to this employee as well as the entire nursing department regarding appropriate medication administration on 4/30/12, as evidenced by Attachment #2. The Administrative Nurse re-assessed all residents currently self-administering medications to ensure proper protocol is being followed. Inservice education regarding Medication Administration has again been provided to staff as evidenced by Attachment #3. Subsequent to this citing, the policy and procedure regarding Resident Self-Administration of Medications has been reviewed and revised as evidenced by Attachment #4. Inservice training	06/04/2012

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	entered the resident's apartment, calling to the resident. QMA #2 went to the bathroom door and knocked, informing the resident she had her medications. The resident replied to leave them by the sink. QMA #2 went to the sink in the living area. QMA #2 indicated the resident usually placed a napkin by the sink where she wanted her medications left. QMA #2 placed the medications by the sink and left the resident's apartment. Medications left at the bedside included Amlodipine, Aspirin, Doxazosin, Famotidine, Furosemide, Omeprazole, Polyethyline Glycol, Sertraline, Tab-A-Vite, Clonidine HCL, and DOK (Docusate Sodium). QMA #2 had indicated, while preparing Resident #101's medication, inhalers were in the resident's room and she took care of the inhalers herself. The current recapitulation of physician's orders, dated April 1, 2012, lacked orders for inhalers or other medications to be left at the bedside, or the resident was able to self-administer medications. Review of the resident's Service Plan indicated for management of oral medications ("Resident's ability to		will be conducted for all licensed nurses and Q.M.A.'s regarding the same. Going forward, the policy for resident self-administration of medications will be addressed during the orientation process for all newly hired licensed nurses and Q.M.A.'s. A copy of the revised policy will be placed in the binder housing the MAR's on each unit; thus, it can be readily accessed should the need to do so arise in the future. As a quality assurance measure, each unit coordinator will monitor the Residents on his/her unit and advise the Administrative Nurse should any additional Residents express a desire to self-administer medications in the future. Random quality assurance audits for both licensed nurses and Q.M.A.'s will be done by Administrative Nurses to ensure proper medication protocol is followed as evidenced by Attachment #5. Additionally, in the future, the agenda of the facility's Quality Assurance Meetings will be expanded to inlude a status report for any Residents that have been deemed appropriate to self-administer medications. The Administrative Nurses will monitor.	

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	prepare and take all prescribed oral medication reliably and safely, including administration of correct dosage at appropriate times/intervals") the resident's score was 15 - "Unable to take medication unless administered by someone else". A Social Services Progress Note, dated 5/15/12, indicated "STM (short term memory) deficit." A Memorandum, dated 4/30/12, provided by the Assisted Living Manager on 5/21/12 at 1:00 P.M., titled "Reminders for QMAs" indicated: "... No meds should be left at residents' bedsides unless ordered to be at bedside, and the resident has been assessed as safe to self-administer meds...." A facility policy, dated 1/17/07, titled "Administration of Medications", provided by the Assisted Living Manager on 5/21/12 at 1:00 P.M., indicated: "Purpose: To safely administer medications as prescribed.... ... Procedure: ... 8. Administer oral medication and remain with resident while he/she takes the medication...."			

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